

**Meeting of the
Medicaid Physician Advisory Committee (MPAC)
Department of Medical Assistance Services (DMAS)
600 East Broad Street, Suite 1300
Richmond, Virginia**

October 14, 2003

DRAFT

Present:

Dr. William Cook
Dr. Swaeng Woraratanadharm
Dr. Lornel Tompkins
Dr. Daphne Bryan
Dr. Mark Arner
Alice Jesudian for Dr. Eloise Haun
Dr. Frederic Garner (on phone)
Dr. Todd L. vanden Hoek (on phone)
Dr. Karen Rheuban (on phone)

DMAS Staff:

Patrick Finnerty, Director
Cindi Jones, Chief Deputy Director
Cheryl Roberts, Deputy Director of Operations
Moses Adiele, M.D., Director, Medical Support Services
Craig Markva, Manager, Office of Communications and Legislative Affairs
Chris Schroeder, Committee Liaison
Catherine Hancock, Senior Policy Analyst
Frank Guinan, CACI

Absent:

Dr. Leon Brown
Dr. Christine Matson
Mr. Lawrence Bates

Adoption of July 15th Minutes

DMAS Director Patrick Finnerty opened the meeting and thanked everyone for attending. He asked the members to adopt the Minutes of the July 15th MPAC meeting. The Committee agreed to approve the minutes with no objections.

Status of MMIS/ Filing of Electronic Claims

Frank Guinan, a consultant with CACI reported on the status of MMIS/ filing of electronic claims. Dr. William Cook asked how the system works related to a clearinghouse and what happens inside the MMIS system once something is processed. Dr. Cook said that The Centers for Medicare & Medicaid Services (CMS) had loosened the edits for filing claims and that they were accepting old filings. Mr. Guinan continued his presentation and reported that DMAS has technical teams clearing up “bugs” in the new system. Dr. Cook reported that only one of his three computers in his office could access the new system. When he reported the problem to the DMAS Helpline, they told him that it was a hardware problem and that DMAS could do nothing about it. Director Finnerty said this was unacceptable since the information should be readily available for everyone and that DMAS would respond to Dr. Cook with the minimum system requirements needed to use the new system. Mr. Guinan said that he would send a list of the requirements to all the members on the committee. Dr. Tomkins had one comment about the new system not being user friendly as well.

Discussion of Patient “No-Shows”

Patrick Finnerty, DMAS Director presented a discussion to the committee about patient no-shows in their offices by Medicaid patients. He asked the committee to comment on the percentage and amount of “no-shows” that a typical Medicaid physician would have in a day. Dr. Mark Arner told the committee that in his office he has a “no-show” rate of 30% to 70% for Medicaid patients. Dr. Daphne Bryan said her rate is about 30%. Dr. Cook said his rate was about 50%.

The Director asked the committee for ideas to address the problem of patient “no-shows.” The committee agreed that there are many variables that contribute to the problem including transportation and getting time off from work to go to the doctor. Dr. Karen Rheuban said her “no-show rate” is usually 5% to 10% and that most of these cases are the same patient. Dr. Frederic Garner said that good case management in the office might help to curb the “no-shows.” Mr. Finnerty told the committee that DMAS staff will look into this issue and the committee can discuss solutions further at the next meeting.

Mental health services and partial hospitalization

Catherine Hancock a Senior Policy Analyst with the Policy Division gave a presentation on mental health services and partial hospitalization. Committee members began a discussion based on report.

Dr. Cook mentioned that he is seeing more and more teens that are seeking medication because of depression. He said that we can medicate them but that Medicaid needs to expand the network so that people will have more access to psychologists for treatment instead of drugs. He said the psychologists that are in the network are not being reimbursed properly.

Dr. Frederic Garner agreed with Dr. Cook but he said that DMAS does a good job of providing more of these services than the private sector does. Dr. Cook countered that DMAS does cover the services but there are few psychologists to provide the care because of poor reimbursement from Medicaid.

Pat Finnerty, DMAS Director told the committee that reimbursement issues have been on the front burner for quite some time and that Virginia’s reimbursement historically has been low relative to other states. Dr. Cook told the committee that the Virginia Pediatric Society is going to bring up reimbursement this year during the General Assembly session and that most doctors are upset about the rates they are receiving from Medicaid. The committee as a whole suggested to the Director that they would like to see how Virginia compares with other reimbursement rates nationally. Mr. Finnerty said that Joint Commission on Health Care was working on this specific issue and would try to get a copy of this report to the committee as soon as it is issued.

Mental health services and partial hospitalization (continued)

Mr. Finnerty went on to explain the Budget process to the committee and to tell them who they would need to contact with their specific reimbursement issues. Dr. Lornel Tompkins stated that doctors have not seen an increase in reimbursement since 1989 when the state was told by the federal government to raise rates. Dr. Tompkins also told the committee that they should go through the Medical Society of Virginia, the Old Dominion Medical Society or their own specialty associations to force the issue on reimbursement and to have these groups lobby the General Assembly on their behalf.

Dr. Cook raised an issue about receiving over 100 pieces of mail from DMAS every month. Mr. Finnerty stated that the Division of Program Support was handling this problem and that it would be resolved with the new MMIS system. Mr. Finnerty also noted that DMAS staff would follow-up with DR. Cook's office to resolve his specific problem.

Definition of medical necessity criteria and experimental/investigative criteria

Dr. Moses Adiele, Director, Medical Support Services discussed with the committee the policy/definition of medical necessity criteria and experimental/investigative criteria. He asked the committee for comments and how it would affect their particular specialty. There was general discussion about the criteria. Mr. Finnerty asked the committee members to email any further comments to Dr. Adiele.

Medicaid: Fee-for-Service versus Managed Care

Cheryl Roberts, Deputy Director of Operations gave a brief overview of differences between Medicaid fee-for-service and managed care. Ms. Roberts covered the establishment of managed care services, the managed care enrollment numbers in the state and quality assurance in Medicaid managed care. There were no questions or discussion on these issues.

Next Meeting and Agenda Items

The next meeting of the MPAC will be December 16 from 4-6 PM in the 13th floor boardroom. The issues that will be discussed will be the implementation of the DMAS preferred drug list (PDL) suggested by Mr. Finnerty and paying out-of-network specialists suggested by Dr. Gardner.